

Additional Questions for Moderate Risk Positions

INSTRUCTIONS

This form is a supplement to the Standard Form 85P, Questionnaire for Public Trust Positions. This is an interim collection method on these questions which were approved by OMB but are not yet implemented in NBIB automated systems.

IDENTIFICATION INFORMATION

1 - FULL NAME: Enter your name as it appears on your SF 85P, Questionnaire for Public Trust Positions.

Last Name	First Name	Middle Name	Jr., II, etc.
-----------	------------	-------------	---------------

2 - NBIB CASE NUMBER: If applicable.

PUBLIC TRUST QUESTIONS

3 - EDUCATION: Have you received a degree more than seven (7) years ago? If YES, provide details in section 3A.

Yes	No

3A – Education Details

Dates of Attendance FROM: TO:	Choose Type of Qualification <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	Date Awarded MONTH: YEAR:	Choose the most appropriate characterization of the school <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School
Name of School			
Street Address of School		City	State
			Zip code

Use the continuation sheet on the back if you have more than one degree earned more than 7 years ago.

Yes/No Questions	Yes	No
4 – Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.?		
5 – In the last seven (7) years, have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?		
6 – In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.? (If no prior military service, answer "No".)		
7 – Have you EVER served as a civilian or military member, in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency?		
8 – Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?		

Yes/No Questions	Yes	No
9 – Is there currently a domestic violence protective order or restraining order issued against you?		
10 – In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance.		
11 – In the last seven (7) years, have you been involved in the illegal purchase, manufacture, <u>cultivation</u> , trafficking, production, transfer, shipping, receiving, <u>handling</u> or sale of any drug or controlled substance?		
12 – In the last seven (7) years, have you illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed?		
13 – In the last seven (7) years, have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else?		
14 – In the last seven (7) years, have you been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?		
15 – In the last seven (7) years, have you voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?		
16 – In the last seven (7) years, have you filed a petition under any chapter of the bankruptcy code?		
17 – In the last seven (7) years, have you failed to meet financial obligations due to gambling?		
18 – In the past seven (7) years, have you failed to file or pay Federal, state or other taxes when required by law or ordinance?		
19 – In the past seven (7) years, have you been over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor.)		
20 – In the last seven (7) years, has your use of alcohol had a negative impact on your work performance, your professional relationships, or resulted in intervention by law enforcement/public safety personnel?		
21 – In the last seven (7) years, have you illegally or without proper authorization accessed or attempted to access any information technology system?		

Yes/No Questions	Yes	No
22 – In the last seven (7) years, have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? <i>(Above refers to the actions listed in this question)</i>		
23 – In the last seven (7) years, have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? <i>(Above refers to the actions listed in this question)</i>		
24 – Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization’s dedication to that end, or with the specific intent to further such activities?		
25 – Have you EVER knowingly engaged in any acts of terrorism?		
26 – Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?		
27 – Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the U.S. Government, and which engaged in activities to that end with an awareness of the organization’s dedication to that end or with the specific intent to further such activities?		
28 – Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action?		
29 – Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force?		
30 – Have you EVER associated with anyone involved in activities to further terrorism?		

CERTIFICATION

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink, no electronic signatures)	Date
---	------

EDUCATION CONTINUATION SHEET

Education Details

Dates of Attendance FROM: TO:	Choose Type of Qualification <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	Date Awarded MONTH: YEAR:	Choose the most appropriate characterization of the school <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
Name of School				
Street Address of School		City	State	Zip code

Education Details

Dates of Attendance FROM: TO:	Choose Type of Qualification <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	Date Awarded MONTH: YEAR:	Choose the most appropriate characterization of the school <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
Name of School				
Street Address of School		City	State	Zip code

Education Details

Dates of Attendance FROM: TO:	Choose Type of Qualification <input type="checkbox"/> Degree <input type="checkbox"/> Other If other please provide:	Date Awarded MONTH: YEAR:	Choose the most appropriate characterization of the school <input type="checkbox"/> College/University/Military College <input type="checkbox"/> Vocational/Technical/Trade School <input type="checkbox"/> Correspondence/Distance/Extension/Online School	
Name of School				
Street Address of School		City	State	Zip code